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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	r the .	2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				
		pplicable C Name of organization TRAILBLAZER FOUNDATION			•	dentification number
	Iress ch	Doing Business As			10639	
	ne cha			E Telep	ohone	number
_	ial retui minate	no nov 2604	Room/suite	(307	7)733	3-6869
	ended			— G Gross	receip	ts \$ 173,279
_		JACKSON, WY 830013694				
1 791	neation	F Name and address of principal officer	11/->			
		ROBERT YOUNGBERG	п(а) Is th	ns a group returr	n for affili	ates?
		7931 S BROADWAY 282 LITTLETON, CO 80122	H(b) Are	all affiliates ir	icluded	Yes No
		,	_			(see instructions)
I Ta	x-exem	npt status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527	H(c) Gr	oup exemp	tion in	illiber 🟲
J W	ebsit e	THETRAILBLAZERFOUNDATION ORG				
K For	n of org	ganization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	L Year of	formation 20		M State of legal domicile
Da	rt I	Summary				MY
Fa		Briefly describe the organization's mission or most significant activities				
Governance	-	TO HELP RURAL VILLAGES IN IMPOVERISHED COUNTRIES DEVELOP WAT WE EMPOWER VILLAGERS TO CREATE SELF-SUSTAINING PROGRAMS, BY I TECHNOLOGY OUR FOCUS INCLUDES WATER PROJECTS, SCHOOL CONSTIDEVELOPMENT IN ORDER TO FOSTER HEALTHY FAMILIES, SUFFICIENT FOR OUR PROJECTS REQUIRE VILLAGER PARTNERSHIP TO ENSURE LONG-TER	PROVIDIN FRUCTION DOD AND	IG TRAINI N, AND CO SUSTAINA	NG AN MMUN NBLE I	ND APPROPRIATE NITY-BASED
ŝ	_ ;			250/ - 5-1-		
න් ගු		Check this box 🛏 if the organization discontinued its operations or disposed of		125% of its	neta 3	1
Activities &		Number of voting members of the governing body (Part VI, line 1a)		_	4	6
Ę		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3		
•	6 -	Total number of volunteers (estimate if necessary)		6	20	
	7a -	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	ь	Net unrelated business taxable income from Form 990-T, line 34			7b	0
		Contributions and areata (Boot VIIII line 4 lb)	Pı	rior Year	252	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)	182,353		173,199	
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			181	80
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		182,	534	173,279
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			737	94,138
	14	Benefits paid to or for members (Part IX, column (A), line 4)		·	0	0
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-	7.1	E14	21 250
Expenses	16a	10) Professional fundraising fees (Part IX, column (A), line 11e)		/ 1 ,	514	31,259
⊕	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶9,348			\dashv	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		97,	078	36,765
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		190,	329	162,162
	19	Revenue less expenses Subtract line 18 from line 12		-7,	795	11,117
Net Assets or Fund Balances			Beginn	ing of Curre Year	ent	End of Year
see.	20	Total assets (Part X, line 16)			674	106,983
A A	21	Total liabilities (Part X, line 26)		<u>'</u>	946	6,138
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		89,	728	100,845
	t II	Signature Block				
know	ledge a ledge.	Ities of perjury, I declare that I have examined this return, including accompanying scland belief, it is true, correct, and complete. Declaration of preparer (other than officer ****** Signature of officer				
1161	-	ROBERT YOUNGBERG PRESIDENT Type or print name and title				
	Ī	Print/Type Preparer's signature Da	te	Check if se		PTIN
		CEODGE L THOMPSON L	11-05-18	employed		l · · · · · ·
Paid	}		11-05-10			
Paid Prepa		Firm's name THOMPSON PALMER & ASSOCIATES PC	11-03-10			Firm's EIN
			11 05 10			Firm's EIN

		Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
TRAI COM ALL (Briefly describe the organization's mission EMPOWER RURAL VILLAGERS IN IMPOVERISHED COUNTRIES TO CREATE SELF-SUSTAINING PROGRAMS, BY PROVIDING INING AND APPROPRIATE TECHNOLOGY OUR FOCUS INCLUDES WATER PROJECTS, SCHOOL CONSTRUCTION, AND IMUNITY-BASE DEVELOPMENT IN ORDER TO FOSTER HEALTHY FAMILIES, SUFFICIENT FOOD AND SUSTAINABLE INCO OF OUR PROJECTS REQUIRE VILLAGER PARTNERSHIP TO ENSURE LONG-TERM SUSTAINABILITY AND MINIMIZE ONGO ERNATIONAL SUPPORT	MES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 60,750 including grants of \$) (Revenue \$) WATER ACCESS PROGRAMS DURING 2010 AN ADDITIONAL 4,100 PEOPLE IN THE REGION WERE PROVIDED WITH ACCESS TO SAFE POTABLE WATER THROL INSTALLATION OF 122 WELLS AND 276 BIO-SAND WATER FILTERS APPROXIMATELY 1,400 CHILDREN NOW HAVE ACCESS TO CLEAN DRINKING WATER BECA THE INSTALLATION OF BIO-SAND WATER FILTERS IN THEIR SCHOOLS TO DATE, APPROXIMATELY 1,800 BIO-SAND WATER FILTERS HAVE NOW BEEN MANUFACTURED AND INSTALLED BY OUR CAMBODIAN TEAM ALL OF TRAILBLAZER'S WATER ACCESS SITES COMBINED SERVE APPROXIMATELY 70,000 INDIX AND STUDENTS WITH CLEAN WATER OUR WATER ACCESS PROGRAMS HAVE THE IMMEDIATE IMPACT OF REDUCING WATER BORNE RELATED DISEASES, ALLEVIATING HUMAN SUFFERING DUE TO SICKNESS, DEATH, LOST EMPLOYMENT, AND THE HARDSHIP OF LOSING LOVES ONES WHO ONCE WERE WAGE EAF FROM PREVENTABLE DISEASES THAT RESULT FROM DRINKING CONTAMINATED WATER WELLS ALLOW WOMEN AND CHILDREN TRADITIONALLY RESPONSIBL WATER COLLECTION, TO COLLECT WATER MORE QUICKLY AND EASILY WOMEN SPEND LESS TIME CARING FOR THE SICK AND AS A RESULT HAVE MORE TIP PURSUE ECONOMIC SUSTAINABILITY THROUGH SMALL BUSINESS OR GARDENING CHILDREN HAVE MORE TIME FOR EDUCATION	USE OF IDUALS RNERS E FOR
4b	(Code) (Expenses \$ 37,426 including grants of \$) (Revenue \$)	
	SCHOOL CONSTRUCTION IN 2010, TRAILBLAZER FOUNDATION, IN PARTNERSHIP WITH ANGKOR THOM DISTRICT, BUILT A 3 CLASSROOM KINDERGARTEN SIN PHLONG VILLAGE, LEANG DAI COMMUNE THIS KINDERGARTEN CAN ACCOMMODATE 90 STUDENTS IN EACH SESSION AND WILL PROVIDE CARE AND BASI EDUCATION, BETTER PREPARING THESE CHILDREN FOR HIGHER LEVELS OF EDUCATION THE KINDERGARTEN WAS A DISTRICT INITIATIVE TO PROMOTE W DEVELOPMENT BY HAVING A FACILITY WHERE WOMEN COULD SAFELY TAKE THEIR CHILDREN AND ATTEND VOCATIONAL TRAINING AT THE WOMEN'S DEVEL CENTER [WDC] ACROSS THE ROAD THE WDC WAS A MINISTRY OF WOMAN AFFAIRS PROJECT TO PROVIDE VOCATIONAL TRAINING FOR THE WOMEN FROM FOUR SURROUNDING VILLAGES PHLONG, LEANG DAI, DOUN OV, AND TRA PEANG SVAY WOMEN FROM THESE VILLAGES NOW HAVE THE ABILITY TO PARTICI IN TRAINING ON MAT AND SILK WEAVING, SEWING, BASKET MAKING, COOKING, RUG MAKING, AND OTHER HANDICRAFT ITEMS THE CURRENT NUMBER OF STUDENTS ATTENDING THE KINDERGARTEN IS 60 [35 FEMALE OR 59%, 25 MALE] DURING 2011, PREPARATIONS FOR THE CONSTRUCTION OF A SCHOOL FOR THE PRIMARY AND SECONDARY LEVEL SCHOOL COMPLEX IN SVAY CHEK VILLAGE WERE STARTED TA TRAV VILLAGE HAD AN OLD WOODEN SCHOOL BUILD WHICH WAS BECOMING TERMITE RIDDEN AND TIMBERS WERE BEGINNING TO COLLAPSE FROM THE ROOF IN 2009, TRAILBLAZER FOUNDATION, IN PARTNI WITH TA TRAV VILLAGE, BUILT A NEW 6 CLASSROOM SCHOOL BUILDING TO EVENTUALLY REPLACE THE CURRENT SCHOOL BUILDING THAT WAS BECOMING, SAFETY HAZARD THIS NEW SCHOOL BUILDING CAN ACCOMMODATE THE 480 STUDENTS THE CURRENT NUMBER OF STUDENTS IS 374 [135 FEMALE, 89 M THE NUMBER OF STUDENTS ATTENDING 49% ARE FEMALE RESIDENTS OF TA TRAV VILLAGE HAVE INCREASED POTENTIAL FOR HIGHER QUALITY OF LIFE THE USE OF THE SCHOOL AS A MEETING PLACE FOR ELECTIONS AND OTHER VILLAGE PURPOSES ACCORDING TO THEIR NEEDS. THE WORLD FOOD PROGRAP PROVIDES SUPPLIES TO THE STUDENTS OF THIS PRIMARY SCHOOL DURING 2009, PREPARATIONS FOR THE CONSTRUCTION OF A KINDERGARTEN SCHOOL PHULUNG VILLAGE WERE STARTED THE ESTABLISHED RELATIONSHIPS WITH, AND RECEIVED SIGNED MEMORANDUM OF U	ICOMEN OPMENT A THE IPATE IPATE IF LIBRARY LDING ERSHIP A ALE] OF HROUGH M I THE
4c	(Code) (Expenses \$ 32,348 including grants of \$) (Revenue \$) SUSTAINABLE DEVELOPMENT IN 2010, TRAILBLAZER FOUNDATION CONTINUES ITS EFFORTS OF IMPLEMENTING EFFECTIVE COMMUNITY BASED DEVELOPMENT PROJECTS AS A LONG-TERM SOLUTION TO ALLEVIATING POVERTY IN ANGKOR THOM, PRASAT BAKONG AND PUOK DISTRICTS TRAILBLAZER'S DIRECTOR AN PROJECT STAFF CONTINUE TO MENTOR CHIEFS AND VILLAGERS ON SETTING UP AND MANAGING VILLAGE FUND SYSTEMS AND VILLAGE-RUN MICROLOANS DATE, THERE ARE 54 ACTIVE LOANS SECURED FROM THE VILLAGE FUNDS OF 11 DIFFERENT VILLAGES, ALL OF WHICH ARE MANAGED BY THE VILLAGE FINAY COMMITTEE OF THOSE VILLAGES THE TOTAL CAPITAL AMOUNT FOR THESE 11 VILLAGE FUNDS IN 2010 IS \$2,254 USD, AND \$277 HAS BEEN EARNED IN INT REVENUE LOANS HAVE BEEN MADE TO QUALIFYING VILLAGERS TO PURCHASE LIVESTOCK, PAY FOR MEDICAL CARE COSTS, BUY RICE, START UP A SMALL BUSINESS, AND FOR MUNICIPAL IMPROVEMENTS VILLAGE FUNDS ARE A CLEAR INDICATOR OF THE ECONOMIC HEALTH OF THESE VILLAGES AS A WHOLE AN THEIR TROREASED ABILITY TO MAINTAIN ECONOMIC STABILITY, REDUCING LONG-TERM DEPENDENCE UPON INTERNATIONAL JOI IN 2009 TE EXPANDED TO DEVELOPMENT PROJECTS FROM ANGKOR THOM DISTRICT TO INCLUDE TWO ADDITIONAL DISTRICTS BAKONG AND PUOK TE DIRECTLY SUPPORTED THE CONSTRUCTION AND EQUIPPING OF A BEAUTY SHOP IN SRAS VILLAGE FOR THE TWO BEAUTY SCHOOL GRADUATES THESE GIRLS, WHO WERE PREVIOUSLY POTENTIALLY AT-RISK, ARE NOW SET UP WITH THEIR OWN SMALL BUSINESS WITH THE OPPORTUNITY OF SELF SUFFICIENCY TRAILBLAZER'S DIRECTOR AT PROJECT STAFF CONTINUE TO MENTOR CHIEFS AND VILLAGES SO HOW TO SET UP AND MANAGE VILLAGES, ALL OF WHICH ARE MANAGED BY T VILLAGE FINANCE COMMITTEE OF THOSE VILLAGES IN 2009, THERE WERE 46 ACTIVE LOANS SECURED FROM THE VILLAGE FUNDS OF 7 DIFFERENT VILLAGES, ALL OF WHICH ARE MANAGED BY T VILLAGE FINANCE COMMITTEE OF THOSE VILLAGES IN 2009 LOANS HAD BEEN MADE TO 38 QUALIFYING VILLAGES, ALD ON WITCH AND AND ALL BUSINESS VILLAGES IN 2009 LOANS HAD BEEN MADE TO 38 QUALIFYING VILLAGES, ALD ON WITCH AND AND ALL BUSINESS VILLAGES IN 2009 LO	ID TO NCE FEREST ND OF S RURAL ND HE DICAL WHOLE OUT ED F HAS WING WITH OGRAM OGRAM OMONEY TION OF

4d Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 17,205 including grants of \$) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ı	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		N c
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N o
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
•	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ <u>CB</u>			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Fa		
Ì	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c 6a		N c
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N (
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N.
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Dod the construction of the description of the construction of the			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		N c
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
) _	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	1		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
_	against amounts due or received from them)	-		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of receives the organization is required to mountain by the states			
ט	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/b		-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

In Enter the number of voting members of the governing body at the end of the tax verice. Enter the number of voting members included in line 1a, above, who are independent. 1b 6	Se	ction A. Governing Body and Management			
b Enter the number of voting members included in line 1a, above, who are independent in the independent of the independent of the properties of the properti				Yes	No
b Enter the number of voting members included in line 1a, above, who are independent in the independent of the independent of the properties of the properti					
b Enter the number of voting members included in line 1a, above, who are independent in the independent of the independent of the properties of the properti	4-				
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee so the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? . 6 Does the organization have members or stockholders? . 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . 7 Did the organization of the governing body subject to approval by members, stockholders, or other persons? . 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . 8 Each committee with authority to act on behalf of the governing body? . 8 Each committee with authority to act on behalf of the governing body? . 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Programization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization from the process, if any, used by the organization to review this Form 990 . 11 Does the organization have a written from the process of determining compensation of the deliberation and decision? 11 Does the organization have a written written document retention and destruction policy? 11 fives; describe in Schedule O t	та	1 . 1			
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3 Dut the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employee to at management company or other person? 4 Dut the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Dut the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Date of the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 1 Is there any officer, director, trustee, or key employee itset in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have a written policies and procedures governing body before filling the form? 11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Does the organization have a written policies and procedures governing body before filling the form? 11 Has the organization have a written occument retention and destruction policy? 12 Does the organization have a written document retention and enforce compliance with the policy? If "Yes," ascentible organization have a written document retention and destruction policy? 12 Does the organizat	2		2	Yes	
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governing body?	6	Does the organization have members or stockholders?	6		Νο
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year by the following The governing body?	b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Ye 12c Ye 12c Ye 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written document retention and destruction policy? 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 List the States with which a copy of this Form 990 is required to be filed▶ 16 Section C. Disclosure	9				
Ye Ye Ye Ye Ye Ye Ye Ye			9		No
10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Ye b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Ye b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Opes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Opes the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 15 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16a Did the organization invest in, contribute assets to, or participate in a joint venture arrangement with a taxable entity during the year? 16a Did the organization invest in, contribute assets to, or participate in a joint venture arrangement with a taxable entity during the year? 16a Did the organization to evaluate its participation in joint venture arrangements under app					
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		· ····································		Yes	No
affiliates, and branches to ensure their operations are consistent with those of the organization?	10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	b		10b		
Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
Does the organization have a written conflict of interest policy? If "No," go to line 13			11a	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
to conflicts?	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
describe in Schedule O how this is done		to conflicts?	12b	Yes	
Does the organization have a written whistleblower policy?	С		12c	Yes	
Does the organization have a written document retention and destruction policy?	13			Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14		14	Yes	
a The organization's CEO, Executive Director, or top management official	15				
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а		15a		Νo
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	ь	Other officers or key employees of the organization	15b		Νο
taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16a		16a		Νο
Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶ 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply	b	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	16b		
 List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply 	Se	ction C. Disclosure			
(3)s only) available for public inspection. Indicate how you make these available. Check all that apply					
	18				

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JENI SWINK PO BOX 3694

JACKSON, WY 830013694 (307) 734-6342

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organi		lated or			nco	mpen	sate		r, director, or trust	ee
(A) Name and Title	(B) A verage hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Mployee Key employee Officer		Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
(1) ROBERT YOUNGBERG PRESIDENT	10 00	Х		х				0	0	0
(2) MEEGAN MOSZYNSKI TREASURER	2 50	х		х				0	0	0
(3) PAT BUTTS VICE PRESIDENT	4 50	х		х				0	0	0
(4) ERIN YOUNGBERG VICE PRESIDENT - PUBLIC RE	2 50	Х		х				0	0	0
(5) DOUGLAS SCHULTZ SECRETARY	4 00	х		х				0	0	0
(6) CHRISTINE DENTON PAST PRESIDENT							х	0	0	0
(7) KARIN RALPH PAST TREASURER							х	0	0	0
(8) JAMES MINTON PAST DIRECTOR							х	0	0	0
(9) NICHOLE PRATER PAST DIRECTOR							х	0	0	0
(10) THOMAS BARKER JR ASSISTANT TREASURER	1 00	х		х				0	0	0
(11) SCOTT COATS EXECUTIVE DIRECTOR	40 00				х			7,400	0	0
(12) CHRIS COATS EXECUTIVE DIRECTOR	30 00				х			7,400	0	0

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	() Ition that a	(che		II		Repo compe	D) rtable nsation n the	(E) Reportable compensation from related	on amount of oth		ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
		_												
				-										
				_										
1b	Sub-Total							-						
С.	Total from continuation sheets						•	<u></u>				0		0
d		<u> </u>								0		0		0
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	received	d more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee,o	rhighest • • •	compens	ated employee	3		No
4	For any individual listed on line organization and related organization											4		No
5	Did any person listed on line 1a services rendered to the organi		-						_	anızatıon d	or individual for	5		No
	attan B. Tada and J. J. C.													
1 1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest compei		ındep	ende	ent c	ontra	tors	that rec	eived mor	e than			
		(A) me and business ad								Descr	(B) ription of services		(C Comper	
									+					
2	Total number of independent con	tractors (ıncludıı	ng but n	ot lır	nıted	l to	those	liste	d above)	who recen	ed more than			

Part V	111	Statement of	Revenue						
		Federated campai			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
ŧŧ									
80 80	Ь	Membership dues	1b						
°, ⊞	С	Fundraising events	s 1 c						
<u>₩</u>	d	Related organization	ons 1d						
ું ≣	e	Government grants (co	ontributions) 1e						
돌	f	All other contributions,	gifts, grants, and 1f	173,199					İ
52		similar amounts not in	cluded above included in lines 1a-1f \$						
10 I	g	Worlday Contributions	medada m mes 1a 11 p						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a	a-1f	. •	173,199				
<u>9</u>				Business Code					
ne.	2a								
Be	b								
- O	С								1
E G	d								1
ර 🗆	e								1
Ta	f	All other program :	service revenue						1
Program Serwice Revenue				L					
	g		a-2f						
	3		e (including dividends, inter	rest •	80			80	
	4		ent of tax-exempt bond proceeds	F	80				
	4 5								
	5	Royalties	(ı) Real	(II) Personal					
	6a	Gross Rents	(I) Real	(II) Personal					
	b	Less rental							
	_	expenses							
	_	Rental income or (loss)							
	d	Net rental income	or(loss)	▶					
			(ı) Securities	(II) O ther					
	7a	Gross amount from sales of							
		assets other than inventory							
	b	Less cost or other basis and							
		sales expenses							
	c	Gain or (loss)							
			fundraising events	►					
ıne	ou.	(not including \$							
Utner Kevenue		of contributions re See Part IV, line 1							
ב			a						
e		Less direct expen							
5			s) from fundraising events	►					
	9a	Gross income from Part IV, line 19	n gaming activities See						
	b	Less direct							
			b						
			s) from gaming activities .	►					
	10a	Gross sales of invereturns and allowa	nces .						
	L	1	a						
		Less cost of good	s sold b s) from sales of inventory	▶					
	c	Miscellaneous R		Business Code					
	11a		ve ve ii u e	Dusiness Code					
									-
	ь								
	С								
		All other revenue							-
	е	Total. Add lines 1:	1a-11d						
	17	Total race C	Thetructions						-
	12	iotai revenue. See	Instructions	F	172 270	۸ ا	ı ۾	90	I

173,279

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c		ns (B), (C), and		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	94,138	94,138		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	28,354	19,661	2,033	6,660
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,905	2,034	203	668
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting	2,332	2,332		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,702			1,702
13	Office expenses	1,155		837	318
14	Information technology				
15	Royalties				
16	Occupancy	1,200		1,200	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,130	3,130		
20	Interest	381	381		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,140	3,078	62	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FIELD OFFICE EXPENSES	6,500	6,500		
b	SUSTAINABLE DEVELOPMENT	5,169	5,169		
c	SRA VILLAGE - WATER WEL	3,347	3,347		
d	WELLS & WATER FILTERS	1,775	1,775		
e	SRA VILLAGE - MOSI NETS	1,710	1,710		
f	All other expenses	5,224	4,474	750	
25	Total functional expenses. Add lines 1 through 24f	162,162	147,729	5,085	9,348
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			88,724	1	96,406
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4	_	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	nployees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	s, and				
솭		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a	17,500			
	b	Less accumulated depreciation	10b	9,863	8,069	10 c	7,637
	11	Investments—publicly traded securities	•		2,881	11	2,940
	12	Investments—other securities See Part IV, line 11	•	•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			99,674	16	106,983
	17	Accounts payable and accrued expenses .			949	17	730
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D.	•		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L		•	8,997	22	5,408
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,946	26	6,138
S O O		Organizations that follow SFAS 117, check here ► ✓ and comple through 29, and lines 33 and 34.	te line	es 27			
Balance	27	Unrestricted net assets			89,728	27	100,845
B	28	Temporarily restricted net assets			28		
Ξ	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here \blacktriangleright Γ and lines 30 through 34.	compl	ete			
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
Š	33	Total net assets or fund balances			89,728	33	100,845
_	34	Total liabilities and net assets/fund balances			99.674	34	106.983

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	L73,27
2	Total expenses (must equal Part IX, column (A), line 25)	2			162,16
3	Revenue less expenses Subtract line 2 from line 1	3	11,1:		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			89,72
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	100,84
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νo
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	_	

Employer identification number

OMP No 1545 004

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2010

Open to Public Inspection

TRAILBLAZER FOUNDATION 20-1063922 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is th organizat col (i) org in the U	e ıon ın anızed	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support	organization ra	alls to qualify ur	ider the tests i	istea below, pie	ease co	mpiete i	art III.)
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	2010	(f) Total
1	membership fees received (Do not include any "unusual	38,563	123,965	134,858	182,353		173,199	652,938
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	38,563	123,965	134,858	182,353		173,199	652,938
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the		123,333	15 1,000	102/000		173,133	332,550
_	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							652,938
	ection B. Total Support			Т				
Cak	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	A mounts from line 4	38,563	123,965	134,858	182,353		173,199	652,938
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar				181		80	261
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital							
11	assets (Explain in Part IV) Total support (Add lines 7 through 10)						-+	653,199
12	Gross receipts from related activities	es, etc (See instr	ructions)		1	12		
13	First Five Years If the Form 990 is to check this box and stop here			thırd, fourth, or fı	fth tax year as a	501(c)(:	3) organız	ation, ▶Г
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2010			1 column (f))		1.44		00.060.%
14 15	Public Support Percentage for 2009			. 1 Column (1))		14		99 960 %
	33 1/3% support test—2010. If the	organization did i	not check the box	•	ne 14 ıs 33 1/3%		, check ti	_
17a	and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization in Part IV how the organization mee organization	organization did in qualifies as a puncture 2010. If the orgation meets the "facts and its the "facts and "fact	not check the box blicly supported o inization did not cl icts and circumsta circumstances" t	on line 13 or 16a organization heck a box on line ances" test, chec est The organiza	e 13, 16a, or 16t k this box and st tion qualifies as	o and line op here. a publici	e 14 Explain ly support	▶ ┌
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization Private Foundation If the organizati	ization meets the tion meets the "fa	e "facts and circun acts and circumsta	nstances" test, c ances" test The	heck this box and organization qual	d stop h e lifies as	ere. a publicly	▶ ┌
	instructions		,	, ,	,			▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493145005101

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	ne of the organization LBLAZER FOUNDATION		Emp	loyer identificat	ion numbe	er
IKAI	DEAZER FOUNDATION		20-:	1063922		
Par	Organizations Maintaining Donor Ad		ınds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		b) Funds and ot	her accou	nts
	Total number at end of year	(0, 2000) 2000 12002				
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvi	sea	☐ Yes	☐ No
i	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•		┌ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organization answered "Yes" to	o Forn	າ 990, Part IV	, lıne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertifie	d historic struct		a
				Held at the I	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by th	e organization d	luring	
	the taxable year ▶					
	Number of states where property subject to conserva	ation easement is located 🕨				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— llıng of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year ► \$ _		
}	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tıon		☐ Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial	•	•		
art	Organizations Maintaining Collection		or Otl	ner Similar A	\ssets.	
	Complete if the organization answered					
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h ın fu			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
<u>!</u>	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan	cial gain, provid	e the	_

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check an	y of th	e fol	owing	that are	a sıgnıfıc			ssets tion	•	
	ıtems (check all that apply) —			_								
а	Public exhibition		d	 			ange prog	rams				
Ь	Scholarly research		е	Γ	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	v the	y furthe	er the or	ganızatıoı	n's ex	empt purpose	ın		
5	During the year, did the organization solicit								ılar	_ v_		
Dar	assets to be sold to raise funds rather than to the transport IV Escrow and Custodial Arrang								oc" to Form	┌ Ye :	5	No
FGI	Part IV, line 9, or reported an an						alisweie	uit	25 (0 101111	<i>33</i> 0,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	ıtıons or	otherass	sets n	ot	┌ Ye	s	_ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng t	able		г					
							-		A	mount		
С	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Ye	s	_ No
ь	If "Yes," explain the arrangement in Part XIV	,										
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b)	Prior	rear	(c)Two	Years Back	(d) ⊺	hree Years Back	(e) Fo	ur Yea	rs Back
1a	Beginning of year balance											
b	Contributions							_				
С	Investment earnings or losses											
d	Grants or scholarships							_				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
_	Board designated or quasi-endowment 🕨											
а	Board acsignated or quasi chaowinche F											
a b	Permanent endowment ►											
b	Permanent endowment 🕨											
_	•	ssion of the organiz	ation	that a	are hel	d and ad	ministere	d for t	:he			
b c	Permanent endowment Term endowment Are there endowment funds not in the posses organization by		ation	that a	are hel	d and ad	mınıstere	d for t	:he	Y	es	No
b c	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations			•				d for t	За	(i)	es	No
b c 3a	Permanent endowment F Term endowment F Are there endowment funds not in the posses organization by (i) unrelated organizations				 			d for t	3a	(i) (ii)	es	No
b c 3a	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S	chec	 ule R?			d for t 	3a	(i)	es	No
b c 3a b	Permanent endowment F Term endowment F Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S dowm	chec	 ule R? nds				3a	(i) (ii)	es	No_
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S dowm	chec ent fu	ule R? nds	 	t X, line	10.	3a	(i) (ii) b	es	No
b c 3a b	Permanent endowment F Term endowment F Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S dowm	ent fu	ule R? nds orm 9			10.	3a	(i) (ii) sb		No
b c 3a b 4 Par	Permanent endowment F Term endowment F Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S dowm	ent fu	ule R? nds orm 9	990, Par	t X, line	10.	3a 3 (c) Accumulat	(i) (ii) sb		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S dowm	ent fu	ule R? nds orm 9	990, Par	t X, line	10.	3a 3 (c) Accumulat	(i) (ii) sb		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations		 d on S dowm	ent fu	ule R? nds orm 9	990, Par	t X, line	10.	3a 3 (c) Accumulat	(i) (ii) sb		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tylength of investment Description of investment Land Buildings		 d on S dowm	ent fu	ule R? nds orm 9	990, Par	t X, line (b)Cost o	10.	3a 3 (c) Accumulat depreciation	(i) (ii) sb		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the tyl Investments—Land, Buildings Description of investment Land Buildings Leasehold improvements	ns listed as require e organization's en s, and Equipme	d on S dowmo	ent fu	ule R? nds orm 9	990, Par	t X, line (b)Cost o	10. r other	3a 3 (c) Accumulat depreciation	(i) (ii) Bb		ok value

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
C	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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DLN: 93493145005101

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

TRAILBLAZER FOUND						Employer identi	icación nun	
MATERIAZERIOUND	ALION					20-1063922		
Part I General	Informatio	n on Activit	ies Outside 1	the United States.	Complete		ition answe	ered
		rt IV, line 14				9		
1 For grantmake	rs. Does the	organization i	maıntaın recor	ds to substantiate the	amount	of the grants o	r	
				istance, and the select				
the grants or a	ssistance?.						✓ Yes	┌ No
2 For grant makers. United States	. Describe in Pa	art V the organı	zatıon's procedı	ures for monitoring the us	e of grant	funds outside the	e	
3 Activites per Reg	jion (Use Part	V ıf addıtıonal :	space is needed)				
(a) Regior	1	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program , spe	nty listed in (d) is a service, describe cific type of e(s) in region	(f) To expenditu region/inve in reg	res for estments
CAMBODIA		1	2		WATER P SCHOOL CONSTR SUSTAIN DEVELOR	UCTION, IABLE		94,138
3a Sub-total			2			<u> </u>		94,138
b Total from contin	uation sheets		 					94,130

to Part I

c Totals (add lines 3a and 3b)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CAMBODIA	TO PROVIDE PROGRAM SERVICES INCLUDING WATER PROJECTS AND SUSTAINABLE DEVELOPMENT		CHECKS ISSUED			CASH VALUE
2				isted above that are re see or counsel has prov					
3	Enter total nu	mber of other o	organizations or e	ntities				. ▶	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>			1	
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ᅜ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information	(see instructions)	required in Part I,	line 2, and any	addıtıonal
information				

GRANTS OUTSIDE THE U S ARE IN CAMBODIA WHE PROVIDE FRESH WATER SYSTEMS TO VILLAGER SITE TO MONITOR THE			<u>information.</u>
GRANTS OUTSIDE THE U S ARE IN CAMBODIA WHE PROVIDE FRESH WATER SYSTEMS TO VILLAGER SITE TO MONITOR THE METHOD USED TO ACCCOUNT SCHEDULE F, PART I, LI	Explanation	ReturnReference	
	LINE 2 OUR PROGRAM ACTIVITIES HERE WE BUILD SCHOOLS AND ER WELLS AND WATER FILTERING ERS WE HAVE KEY EMPLOYEES ON HE USE OF DONATED FUNDS		GRANTS OUTSIDE THE U S
	LINE 3 ACCOUNTING BOOKS AND		
	Schedule F (Form 990) 2010		

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As Filed Data -

DLN: 93493145005101

OMB No 1545-0047

Schedule L T

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization TRAILBLAZER FOUNDATION						Eı	mployer i	dent if ica	tion numb	er
Part I Excess Benefit Tran	sactio	ns (se	ction 501(c)(3) a	nd section 501	(c)(4)		0-10639 zations (
Complete if the organizati									ine 40b	
1 (a) Name of disqu	alıfıed p	erson		(b) Desc	ription	tion of transaction			(c) C	orrected?
				(5) 5 6 5 6					Yes	No
2 Enter the amount of tax impose	d on the	organı	zatıon managers or	disqualified perso	ns dur	ıng the y	ear unde	r		
section 4958							🕨	· \$		
3 Enter the amount of tax, If any,	on line	2, above	e, reimbursed by the	organization .			🕨	· \$		
Part II Loans to and/or F	rom I	nteres	ted Persons.							
Complete if the organiz	ation an	swered	"Yes" on Form 990	Part IV , line 26 ,	or For	m 990-E			a	
	1 ` '	an to			(e)	In	(f) Appro		(g)Writ	ten
(a) Name of interested person and purpose	or fro		(c)O riginal principal amount	(d)Balance due	defa		by boa	rd or	agreeme	
parpose	To	From	- principal amount		Yes	No	commit	tee? No	Yes	No
1) SCOTT & CHRIS COATS	10	FIOIII			res	NO	res	140	res	INO
TO COMPLETE CONSTRUCTION OF SRAS VILLAGE SCHOOL	l x		7,500	5,408		No	Yes		Yes	
										+
Fotal			> \$	5,408						1
Part IIII Grants or Assistan	ce Ber	nefittii					1			
Complete if the orgai	nızatıor			<u>'</u>		27.				
(a) Name of interested perso	n	(b)	Relationship betwe and the org		son	(c) A m	ount of g	rant or ty	pe of assı	stance
			and the org	amzation						

Part TV Bus	iness Transact	tions Involving T	nterested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	Complete if the organization diswered Tes on Form 550, Fare 14, line 200, 200, or 200.										
(a) Name of interested person	(b) Relationship between interested person and the		(d) Description of transaction	(e) Sharing of organization's revenues?							
	organization			Yes	No						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

xplanat ion
×

Schedule L (Form 990 or 990-EZ) 2010

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SCHEDULE O

As Filed Data -

DLN: 93493145005101

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization TRAILBLAZER FOUNDATION Employer identification number

20-1063922

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ROBERT YOUNGBERG IS THE PRESIDENT OF THE ORGANIZATION, AND IS THE FATHER-IN-LAW OF ERIN YOUNGBERG WHO IS THE VICE PRESIDENT OF THE ORGANIZATION SCOTT COATS AND CHRISTI COATS ARE KEY EMPLOYEES OF THE ORGANIZATION AND ARE MARRIED TO ONE ANOTHER THEY ARE ALSO THE PARENTS OF ERIN (COATS) YOUNGBERG, THE VICE PRESIDENT OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		DURING A REGULAR BOARD OF DIRECTORS TELECONFERENCE MEETING HELD IN MAY 2011, THE BOARD MET TO REVIEW THE FORM 990 MEMBERS OF THE BOARD WERE PROVIDED WITH COPIES OF THE FORM 990 FOR THEIR REVIEW FILING OF THE FORM 990 AS PREPARED PASSED UNANIMOUSLY BY THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DURING BOARD MEETINGS, INQUIRY IS MADE AS TO WHETHER ANY SORT OF CONFLICT OF INTEREST HAS COME UP SINCE THE LAST BOARD MEETING

ldentifier	Return Reference	Explanation
	' ' '	THE TRAILBLAZER FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST INTERESTED PARTIES CAN CALL (307) 203-2542 OR WRITE TO THE TRAILBLAZER FOUNDATION AT PO BOX 3694, JACKSON, WY 83001 AND REQUEST COPIES OF THESE DOCUMENTS

ldentifier	Return Reference	Explanation
OTHER METHOD OF ACCOUNTING	FORM 990 PART XI, LINE 1	ACCOUNTING METHOD IS MODIFIED ACCRUAL

HISTORY FIG. LELIZES POLIDATION, WAS INCORPORATED AS A 501(CS) BIOCH SPICE THEIR, THE PRUBLISHED FOR HIS BIOCH HIS WITH HIS VISIODES BIOLITY PROGRAMS ARE QUIDED BY THE TRALBIAZER FOUNDATION MISSION BY PROVIDED TRAINING AND APPROPRIATE TECHNICACYON, WE DEPROVED RULLAY LELIZES OF DIRECT SUSTAINING PROGRAMS OF FORCES AND APPROPRIATE TECHNICACYON, WE DEPROVED RULLAY LELIZES TO CREATE SEE SUSTAINING PROGRAMS OF FORCES AND APPROPRIATE TECHNICACYON, WE DEPROVED RULLAY LICENSTONE OF CREATE SEE SUSTAINING PROGRAMS OF FORCES OF THE THE THE THEORY OF THE VILLAGES TO CREATE SEE SUSTAINING PROGRAMS OF FORCES AND APPROPRIATE THE TOWN OF THE VILLAGES ON SUSTAINING HE CONTINUE WAS STORY OF THE VILLAGES TO CREATE SEE SUSTAINING PROGRAMS OF THE VILLAGES TO CREATE SEE SUSTAINING PROGRAMS AND EMPOVINGES. THE THE TOWN OF IN BRITCHESS PRIVING LIST OF THE SUSTAINING PROGRAMS AND EMPOVINGES. THE THE TOWN OF IN BRITCHESS PRIVING LIST OF THE SUSTAINING PROGRAMS AND EMPOVINGES. THE THE TOWN OF IN BRITCHESS PRIVING LIST OF THE SUSTAINING PROGRAMS OF THE THE TOWN OF THE THE THE TOWN OF
ADULTS HAVE AN EQUAL OPPORTUNITY TO EARN MONEY AND LEARN VALUABLE VOCATIONAL SKILLS WHILE HELPING TO BUILD THE SCHOOL III SUPPORTED TWO WOMEN'S DEVELOPMENT CENTERS WITH SEWING MACHINES FOR VOCATIONAL TRAINING OF LOCAL WOMEN A PROVIDED 20 SEWING MACHINES FOR THE WOMEN'S DEVELOPMENT CENTER IN SIEM REAP B PROVIDED 18 SEWING MACHINES FOR THE WOMEN'S DEVELOPMENT CENTER IN KOMPANG CHHNANG IV TF EXPANDED IT'S AGRICULTURE PROGRAM FROM THE TEST GARDEN TO THE RURAL FARMERS A DELIVERED AND HELP INSTALLED 19 DRIP IRRIGATION SY STEMS TO RURAL FARMERS IN 6 DIFFERENT VILLAGES OF ANGKOR THOM AND PRASAT BAKONG DISTRICTS TO INCREASE PRODUCTION OF PRODUCE AND IMPROVE THEIR FAMILIES DIET B DELIVERED 30 PIGLETS TO KOMPONG PHLUK VILLAGE FARMERS LIVING ON FLOATING HOUSES FARMERS ALSO RECEIVED BASIC HUSBANDRY TRAINING, ALONG WITH FOOD MIX AND VACCINATIONS FOR THE PIGLETS V TF WORKED WITH VILLAGE LEADERS TO STRENGTHEN THEIR VILLAGE COUNCIL'S COMMITTEE STRUCTURE, VILLAGE FUNDS AND VILLAGE-RUN MICROLOAN PROGRAMS A IN EXCHANGE FOR A WELL, WATER FILTER, LIVESTOCK, OR DRIP IRRIGATION SY STEM THE RECIPIENT CONTRIBUTES A NOMINAL AMOUNT INTO THE VILLAGE FUND B VILLAGE FUND COMMITTEES OVERSEE THE MANAGEMENT AND DISTRIBUTION OF THESE FUNDS THROUGH APPROVED MICRO-LOANS C VILLAGE FUND MICRO-LOANS WERE GIVEN FOR SUCH THINGS AS THE PURCHASE OF LIVESTOCK, VEGETABLE SEEDS, FISH, REAL ESTATE, GROCERY SHOP, HEALTHCARE, AND MUNICIPAL IMPROVEMENTS D TRAILBLAZER CAMBODIA ORGANIZATION PROVIDES TRAINING AND OVERSIGHT TO THE VILLAGE FINANCE COMMITTEES FOR THE MANAGEMENT OF THE VILLAGE FUNDS, AS WELL AS, CONDUCT PERIODIC AUDITING OF THE SAVINGS AND LOAN BOOKS VI NETWORKED WITH OTHER GOVERNMENTAL MINISTRIES AND NGOS TO PROVIDE ACCESS TO WATER, FOOD, MEDICAL, DENTAL, SCHOOLS, EDUCATIONAL, AND VOCATIONAL TRAINING A GLOBAL MEDIC, ROTARY INTERNATIONAL, FRIENDS WITHOUT BORDERS, NATIONAL OFFICE OF SOCIAL WELFERE, BRITISH SCHOOLS GROUP, ROTARY CLUBS IN THE UNITED STATES, CANADA, AND CAMBODIA, CAMBODIAN MINISTRY OF EURAN APFAIRS

ldentifier	Identifier Return Explanation Reference	
PROCESS TO DETERMINE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	PART VI SECTION B QUESTION #15(B)	KEY EMPLOYEES OF THE ORGANIZATION INCLUDE THE FOUNDERS SCOTT & CHRIS COATS THE BOARD OF DIRECTORS DETERMINED THAT THE TRAILBLAZER FOUNDATION BUDGET WAS SUFFICIENT ENOUGH TO SUPPORT THE EXECUTIVE DIRECTOR'S COMPENSATION IN 2008 THE BOARD REQUESTED A JOB DESCRIPTION AND EMPLOYMENT OFFER LETTER FROM THE EXECUTIVES UPON THEIR REVIEW OF THESE DOCUMENTS, THE BOARD ACTION WAS APPROVED TO COMPENSATE THE EXECUTIVE DIRECTORS WITH AN AMOUNT THAT WOULD ALLOW A VERY MODEST LIVING EXPENSE FOR BOTH EXECUTIVE DIRECTORS, CHRIS AND SCOTT, WHILE IN CAMBODIA AND FOR THE EXECUTIVE DIRECTOR, CHRIS, WHEN IN THE US THE BOARD CONTINUES TO SUPPORT THE COMPENSATION FOR THE EXECUTIVE DIRECTORS KEY EMPLOYEES ANNUAL 2010 COMPENSATION IS AS FOLLOWS SCOTT COATS \$ 7,400 CHRIS COATS 7,400

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493145005101

OMB No 1545-0172

Form **4562**

Department of the Treasury nternal Revenue Service (99)	•	See separate instructions	s. 🕨 Attach	to your tax ret	urn.		Sequence No 67
Name(s) shown on return	TO 11	Business	or activity to w	hich this form	relates	I	dent if ying number
TRAILBLAZER FOUNDAT	ION	FORM 99	00 PAGE 10			2	20-1063922
Part I Election	To Expense (Certain Property Un	der Section	179			
Note: If y	ou have any li	isted property, comple	te Part V befo	ore you comp	olete Part I.		
1 Maximum amount See	the instructions	s for a higher limit for cert	aın busınesses			1	500,000
2 Total cost of section 1	79 property plac	ced in service (see instru	ctions) .			2	
3 Threshold cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-			4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - (O- If married f	ılıng		
separately, see instruc	tions					5	
6 (a) i	Description of pr	roperty	` ' ' ` `	usiness use	(c) Elected c	ost	
			on	ly)			_
7 Listed property Enter				. 7			
		erty Add amounts in colu	ımn (c), lines 6	and / .		8	
9 Tentative deduction E						9	
10 Carryover of disallowed		,				10	
11 Business income limitation	Enter the smaller of	business income (not less than	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense of	deduction Add li	ines 9 and 10, but do not	enter more tha	n lıne 11 🔸		12	
13 Carryover of disallowed	d deduction to 2	011 Add lines 9 and 10,	less line 12	.▶ 13			
Note: Do not use Part .	II or Part III b	pelow for listed proper	ty. Instead, u	se Part V.			
Part III Special De	preciation A	Allowance and Other	r Depreciati	on (Do not	ınclude lısted pı	ropert	ty) (See instructions)
14 Special depreciation al tax year (see instruction		lified property (other than	listed property) placed in ser	vice during the	14	
15 Property subject to see	ction 168(f)(1) e	election				15	
16 Other depreciation (inc						16	
		Do not include listed p	property.) (Se	e instruction	s.)		1
THE THE PERSON OF THE PERSON O	p. cc.u.c.c (.		ction A	o mod dedon			
17 MACRS deductions for	assets placed i	n service in tax years beg	ginning before 2	010		17	2,609
18 If you are electing t	o group any a	ssets placed in service	e during the t	ax vear into	one or more		· · · · · · · · · · · · · · · · · · ·
general asset accou	·	•	3	•	▶□		
		Service During 201	LO Tax Year	Using the C		recia	ation System
		(c) Basis for			•		•
(a) Classification of	(b) Month and	depreciation	(d) Recovery		(6) 14		(g)Depreciation
property	year placed in service	(business/investment use	period	(e) Convention	on (f) Metho	od	deduction
	Service	only—see instructions)					
19a 3-year property		,					
b 5-year property		2,530	5 0	HY	200 DB		506
c 7 - year property		See Add'l Data					
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property) T V	MM	S/L		
	n C—Assets Plac	ced in Service During 2010	ıax Year Using	g the Alternati		ı Syst	em
20a Class life b 12-year	1		12 vrs		S/L S/L		
c 40-year			12 yrs 40 yrs	MM	S/L		
	ı y (see ınstruc	tions)	TO YIS	1 1919] 3/L		<u> </u>
21 Listed property Enter				_		21	
22 Total. Add amounts fro			and 20 in colu-	on (a) and line	21 Enter here	├ <u>-</u> -	
		curn Partnerships and Sc				22	3,140
23 For assets shown abov portion of the basis att	•		t year, enter the	23			

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) Type of property (list vehicles first) Date placed in service use percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use (see instructions) 27 Property used more than 50% in a qualified business use	g) hod/ ention 25 r," or rela mpleting th	evidence (h) Deprecia deduce	written?) ation/ tion	Yes so	(i) Elected ection 179 cost
(a) (b) Business/ Cost or other basis (e) Business/ Investment service use percentage (b) Business/ Investment service use percentage (c) Business/ Investment use only) Date placed in unvestment use only) Basis for depreciation (business/investment use only) Period Corv Percentage (c) Business for depreciation (business/investment use only) Met Date placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner or vehicles used by a sole proprietor, partner, or other "more than 5% owner or vehicle sole of your employees, first answer the questions in Section C to self you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner or related personal (noncommuting) miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year (do not include commuting miles) 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle used primarily by a more than 5% owner or related person? 35 Was the vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles wend on the provide vehicles, including employees? 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 39 Do you treat all use of vehicles by employees as person	g) hod/ ention 25 25 r," or rela mpleting th	(h) Deprecia deduc	ation/ tion son for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in meestment use percentage of the percentage of t	z5 z," or rela	Deprecial deduction deduct	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rela	ated pers his section (d)	for those	:)	(f)
26 Property used more than 50% in a qualified business use	r," or rela	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use %	mpleting th	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use % % S/L - % % S/L - 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles	mpleting th	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	mpleting th	ated pers his section (d)	for those	:)	(f)
% S/L	mpleting th	ated pers his section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers his section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers his section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section in the provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section in the provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete an exception to complete an exception to complete this section C to see if you meet an exception to complete an exception to complete this section C to see if you meet an exception to complete an exception C to see if you meet an exception to complete an exception C to see if you meet an exception to complete an exception C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to complete Section C to see if you meet an exception to see if you mee	mpleting th	ated pers his section (d)	for those	:)	(f)
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Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the year (do not include commuting miles) 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	mpleting th	his section (d)	for those	:)	(f)
1	mpleting th	his section (d)	for those	:)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(e	:)	(f)
year (do not include commuting miles)	Vet	hicle 4	Vehic	le 5	
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes N
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 10 you treat all use of vehicles by employees as personal use? 39 Do you treat all use of vehicles by employees as personal use? 					ot more t
employees?	commut	ına by v	our	Τ.,	- N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more all use of vehicles by employees as personal use?			•	Ye	es No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more all use of vehicles by employees as personal use?				<u> </u>	
40 Do you provide more than five vehicles to your employees, obtain information from your employ					
vehicles, and retain the information received?	ees abou	it the us	e of the	,	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions)				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehicle	es			
Part VI Amortization					
(b) (c) (d) (a)				(f)	
(a) Date Amortizable Code An	(e)	A mortization fo			n for
. I amount I section I :	nortizatioi	I This ve		nıs year	r
42 A mortization of costs that begins during your 2010 tax year (see instructions)	ortization eriod or	1			
	nortizatioi				
	ortization eriod or				
43 A mortization of costs that began before your 2010 tax year	ortization eriod or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

Additional Data

Software ID: Software Version:

EIN: 20-1063922

Name: TRAILBLAZER FOUNDATION

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
	c 7 - year property		93	7 0	HY	200 DB	13
Γ	c 7 - year property		85	7 0	HY	200 DB	12

Additional Data

Software ID: Software Version:

EIN: 20-1063922

Name: TRAILBLAZER FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services							
(Code) (Expenses \$	17,205 including grants of \$) (Revenue \$)			
ALGRICULTURE PROGRAM EXPENSES							